

## Request for Estimate of Benefits

### Instructions for Completing this Form

Please Read Carefully

**IMPORTANT:**

1. Remove the form. Do not return these instructions to PERF.
2. Please type or print. Use black ink.
3. Complete all information.
4. Return the completed form directly to PERF.

PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of Internal Revenue Code. Disclosure is mandatory; and this form will not be processed without this information.

### Important Information

We can provide only one Estimate of Benefits within any 12 month period. Because estimates are prepared based on current information, actual benefits received at the time of retirement may differ.

#### Regular/Early Retirement Benefits

We can only provide an estimate of benefits once you are within one year of being eligible for retirement:

Age 50 with 15 years of service (for reduced benefits)  
Age 60 with 15 years of service  
Age 65 with 10 years of service  
You are at least 55, and your age and years of service add up to 85  
(Rule of 85)

#### Disability Benefits

In order to receive PERF Disability Benefits, you must:

Have at least five years of creditable service with PERF before the termination of salary, employer provided income protection benefits, Worker's Compensation benefits, or leave under the Family and Medical Leave Act (FMLA).

Be determined by the Social Security Administration to be disabled.

Be receiving salary, employer provided income protection benefits, Worker's Compensation benefits, or leave under the Family and Medical Leave Act (FMLA) as of the onset date established by Social Security.

You must provide PERF with a copy of your Social Security award letter.

## STEP 1: Member Information

**Member's Social Security Number:** Enter all nine digits of your Social Security Number. Your form will not be processed without this information.

**Member's Date of Birth:** Enter your date of birth as *MM/DD/YYYY*. If you have not previously furnished proof of your age to PERF, you must submit such documentation along with this form. If you select Option 30, 40 or 50, you are also required to furnish proof of age for your beneficiary. Documents showing the date of birth such as a certified photocopy of a birth certificate, a baptismal or confirmation certificate, or a court decree are acceptable. Attach an English language translation to any foreign language document.

**Member's Name:** Enter your first name, middle initial, and last name(s).

**Member's Mailing Address:** Enter your full street address, including apartment number or P.O. Box number, if applicable to which you would like your estimate sent.

**City:** Enter the city to which you would like your estimate sent.

**State:** Enter the state to which you would like your estimate sent.

**ZIP Code:** Enter your five or nine-digit ZIP code.

**Member's Phone Number:** Enter your telephone numbers, beginning with area code. Please provide separate day and evening phone numbers.

**E-mail address:** Enter your E-mail address, if you have one.

## STEP 2: Retirement Information

Please complete the line for retirement or disability benefits. DO NOT complete both.

### Regular/Early Retirement Benefits

**Anticipated Last Day at Work:** Enter your anticipated last day at work as *MM/DD/YYYY*.

### Disability Benefits

**Social Security Onset Date:** Enter the onset date for your disability assigned by the Social Security Administration as *MM/DD/YYYY*. If you have not already provided PERF with a copy of your Social Security disability award letter, you will need to include a copy with this form.

**Anticipated Beginning Date of Retirement Benefits:** Enter the beginning date of your retirement as *MM/01/YYYY*. This date cannot be earlier than the first day of the month after your last in a pay status with your employer, or the first day of the month after the disability onset date assigned by the Social Security Administration. For example, if your last day in a pay status with your employer is January 1st, the earliest benefits can begin is February 1st. If your last day in a pay status with your employer is January 31st, the earliest benefits can begin is February 1st. Also, if your last day in a pay status with your employer was more than six months ago, then this effective date cannot be prior to six months before PERF receives your completed retirement application.

## STEP 3: Anticipated Retirement Beneficiary Information

Please provide the following information for anyone you anticipate naming as beneficiary for one of the joint and survivor options (Options 30, 40, or 50) at retirement. If you do not provide this information, no estimate will be prepared for the joint and survivor options.

**Beneficiary's Social Security Number:** Enter all nine digits of your beneficiary's Social Security Number

**Date of Birth:** Enter your beneficiary's date of birth as *MM/DD/YYYY*.

**Beneficiary's Name:** Enter your beneficiary's first name , middle initial , and last name(s).

**Relationship to Employee:** Enter the relationship of your beneficiary to you, e.g., "spouse", "child", etc.

#### **STEP 4: Sign and Date the Form**

Please sign and date the form.

#### **RETURN THE FORM TO PERF**

Once the form has been completed according to these instructions, return the form to the Public Employees' Retirement Fund at the following address:

**Public Employees' Retirement Fund  
143 West Market Street  
Indianapolis, IN 46204**

#### **MEMBER NOTE: CHANGES TO INFORMATION –**

IF YOU HAVE ANY CHANGES TO ANY OF THE INFORMATION ON THIS FORM SUCH AS NAME, ADDRESS, BENEFICIARY INFORMATION, ETC., PLEASE IMMEDIATELY NOTIFY PERF AT THE ADDRESS ABOVE.

### **HELPFUL INFORMATION:**

#### **PERF**

##### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4162

Toll-Free Number 1-(888) 526-1687

TDD (hearing impaired number) (317) 233-4160

FAX Number (317) 232-1614

PERF on the Internet: [www.perf.in.gov](http://www.perf.in.gov)

PERF MEMBER HANDBOOK (latest edition)

PERF ANNUITY SAVINGS ACCOUNT INVESTMENT HANDBOOK

#### **INTERNAL REVENUE SERVICE**

##### **TELEPHONE NUMBERS:**

Toll-Free Number 1-(829) 829-1040

TDD (hearing impaired number) 1-(800)-829-4059

Tele Tax 1-(800)-829-4477

IRS PUBLICATION 575, PENSION AND ANNUITY INFORMATION

IRS PUBLICATION 590, INDIVIDUAL RETIREMENT ARRANGEMENTS

IRS WEBSITE: [www.irs.gov](http://www.irs.gov)

#### **INDIANA STATE DEPARTMENT OF REVENUE (DOR)**

##### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4018

TDD (hearing impaired number) (317) 233-4952

Fax Number (317) 233-2329

Individual Income Tax Questions (317) 232-2240

Outside of Indianapolis – See DOR Website

DOR WEBSITE: [www.in.gov/dor](http://www.in.gov/dor)

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# Request for Estimate of Benefits

State Form 29211 (R4/01-28-2003)

## Step 1: Member Information and Address

Social Security Number _ _ _ - _ - _ _ _ _		Date of Birth (mm/dd/yyyy)	
First Name	MI	Last Name	
Address			
City		State	ZIP Code
Home Telephone Number		Other Telephone Number	
E-mail Address			

## Step 2: Retirement Information

### Regular/Early Retirement Benefits

Anticipated last day at work (Month/Day/Year): \_\_\_\_\_

### Disability Benefits

Social Security Disability Onset Date (Month/Day/Year): \_\_\_\_\_

Anticipated date for beginning benefits (Month/01/Year): \_\_\_\_\_ **/01/**

## Step 3: Anticipated Retirement Beneficiary Information

Social Security Number _ _ _ - _ - _ _ _ _		Date of Birth (mm/dd/yyyy)	
First Name	MI	Last Name	
Relationship to Member			

Signature of Member

Date